



John Elias Baldacci
Governor

STATE OF MAINE
Department of Public Safety
MAINE CRIMINAL JUSTICE ACADEMY
15 Oak Grove Road
Vassalboro, Maine 04989



Michael P. Cantara
Commissioner

John B. Rogers
Director

MEDICAL HISTORY AND MEDICAL EXAMINATION FORM

TO THE EMPLOYER:

The Maine Criminal Justice Academy "*Medical History and Medical Examination Form* " is inappropriate for a pre-offer inquiry under existing state and federal law and **SHOULD NOT BE USED UNTIL A CONDITIONAL OFFER OF EMPLOYMENT / PROGRAM ACCEPTANCE IS MADE.**

Once a conditional offer of employment is made, you may use this form and medical exam to determine if the applicant may perform the essential functions necessary to successfully complete training at the Criminal Justice Academy.

All pre-offer inquiries should focus on the applicant's ability to perform the position being sought, not any perceived physical or mental disability which would exclude the applicant.

TO THE PHYSICIAN:

This Candidate for training at the Maine Criminal Justice Academy should be free of medical conditions which would interfere with his/her ability to safely participate in and successfully perform certain activities including, but not limited to the following:

- Complete a run of up to 3 miles without stopping
 - Perform sit-ups to the limit of his/her ability
 - Perform bench presses or pushups to the limit of his/her ability
 - Tolerate exposure to heat/cold/humidity/inclement weather
 - Climb/crawl/wrestle/jump/box/lift/drag heavy weights
 - Visually distinguish targets on the firing range, during daylight and in low light situations.
 - Safely operate a motor vehicle at various speeds and under varying conditions during the day and night
 - Safely handle various types of firearms
 - Tolerate the psychological stress of law enforcement work
 - Physically rigorous defensive tactics training (joint manipulation/handcuffing/take downs/kicks/ strikes/ firearms training)
 - Complete a physical fitness assessment consisting of maximum effort 1.5 mile run, sit ups and push ups
 - Sustain this level of functioning for 12 - 14 hours per day
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OFFICE LOCATED AT: 15 OAK GROVE ROAD, VASSALBORO, MAINE 04989

(207) 877-8000 (Voice)

(207) 877-8027 (Fax)

(207) 877-8058 (TTY)

REPORT OF MCJA ACCEPTANCE EXAMINATION

(Side Two)

To be on file at the Academy

TO THE EXAMINING PHYSICIAN:

*Please type or print legibly and return to the Law Enforcement
Candidate and/or the Employing Law Enforcement Agency.*

Physician's Name: _____

Address: _____

Phone: _____

Patient / Candidate's Name : _____

Employing Law Enforcement Agency (if any): _____

THE ABOVE NAMED PATIENT/CANDIDATE IS:

- a. _____ Medically SUITABLE for training at the Maine Criminal Justice Academy, OR
b. _____ Medically UNSUITABLE for training at the Maine Criminal Justice Academy for
the following reasons: _____

Comments: _____

The medical history and physical examination results for this Candidate are on file in the Physician's office at the above address and will be made available to Maine Criminal Justice Academy upon request from the Maine Criminal Justice Academy. The Candidate has been informed of the examination results and the presence of any conditions which may need follow-up evaluation. If questions of suitability should arise during the course of training, a candidate may be required to obtain follow-up medical evaluation at the expense of the candidate or his/her employer.

Date: _____ Physician's Signature: _____

Date: _____ Candidate's Signature: _____

NOTE: All information must be completed above, the Physician must check medically suitable/unsuitable and sign and date this page. The Candidate must sign and date this page.

THIS PAGE MUST BE COMPLETED TO INCLUDE REQUIRED SIGNATURES

MCJA CONSENT AND MEDICAL HISTORY FORM

Name _____ Age _____
Home Address _____ Phone _____
_____ Date of Birth _____

The answers that I give are true to the best of my knowledge. The information shall be used to determine whether I am medically capable of performing the essential functions of the physical demands of the Maine Criminal Justice Academy. Medical information regarding my ability to perform these activities will be made available to the MCJA. Other information will be held strictly confidential.

Signature _____ Date: _____

1. Do you have or have you ever had:

YES NO

Measles	_____	_____
Bronchitis	_____	_____
Mumps	_____	_____
Chickenpox	_____	_____
Polio	_____	_____
Seizures	_____	_____
Pneumonia	_____	_____
Tuberculosis (TB)	_____	_____
Cancer	_____	_____
Diabetes	_____	_____
Blood Problems	_____	_____
High Blood Pressure	_____	_____
Heart Problems	_____	_____
Kidney Problems	_____	_____
Ulcers	_____	_____
Arthritis	_____	_____
Hernia	_____	_____
Hemorrhoids	_____	_____
Skin Problems	_____	_____
Back Problems	_____	_____
Asthma	_____	_____
Lung Problems	_____	_____
Mental Illness	_____	_____
Hepatitis	_____	_____
Surgery	_____	_____
Significant Injuries	_____	_____

Explain: _____

Explain: _____

Current Occupation _____ Job you have held longest _____

Have you ever been exposed to fumes, dust, chemicals, loud noise or radiation at work or elsewhere? _____ Explain _____

Have you ever been unable to hold a job because of medical reasons? _____ Explain _____

2. Are you allergic to any medicines, food or other substances? _____

3. Do you use:

Yes /No/ How Much/ In Past?

Cigarettes _____

Cigars _____

Alcohol _____

Drugs _____

4. List all medications you take regularly:

5. Family History: Have your mother, father, sister or brother had the following:

Yes No

Diabetes _____

High Blood Pressure _____

Heart Disease _____

Cancer _____

Stroke _____

Tuberculosis (TB) _____

Have you lost time from work for medical reasons in the past five years? _____ Explain _____

[illegible]

MCJA MEDICAL EXAMINATION FORM

Height _____ Weight _____
Blood Pressure _____ Pulse _____
Visual Acuity R _____ L _____ Without correction
R _____ L _____ With correction

Color Vision _____

	Normal	Abnormal	Explanation
Eyes	_____	_____	_____
Ears	_____	_____	_____
Hearing	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Mouth	_____	_____	_____
Neck	_____	_____	_____
Chest/Lungs	_____	_____	_____
Heart	_____	_____	_____
Abdomen	_____	_____	_____
Hernia	_____	_____	_____
Genitourinary	_____	_____	_____
Back	_____	_____	_____
Extremities			
Upper	_____	_____	_____
Lower	_____	_____	_____
Neurologic	_____	_____	_____
Psychological	_____	_____	_____
Skin	_____	_____	_____
TB Skin Test	_____	_____	_____

This candidate is:

_____ Medically Suitable for training at the MCJA

_____ Medically Unsuitable for training at the MCJA for the following
reasons: _____

COMMENTS: _____

Date: _____ Physician's Signature: _____